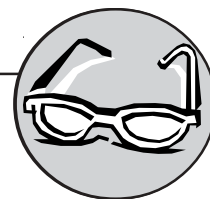


VISION PLAN - 2005 & 2006

Administered by VSP Well Vision
1-800-877-7195 • www.vsp.com



Monthly Premiums

Employee only	\$ 8.44
Employee and spouse	\$13.34
Employee and children	\$13.60
Employee and family	\$21.94

Enrollment/Change
Form
Parts I & 4: Vision



Covered Services	Frequency	Coverage from a VSP Doctor	Out of Network Reimbursement
Eye Exam	12 months	\$10 copay	Up to \$45 allowance
Frames	24 months	Up to \$120 allowance	Up to \$47 allowance
Lenses	24 months	\$20 copay applied to lenses & frame	Up to \$45 allowance - single vision Up to \$65 allowance - lined bifocal Up to \$85 allowance - lined trifocal
Contact Lenses	24 months	Up to \$105 allowance	Up to \$105 allowance

GENERAL INFORMATION

WHO IS ELIGIBLE?

Employee, spouse, and children are eligible if you elect to have this coverage.

INSTRUCTIONS

Review the premiums above and complete sections 1 & 4 of the Enrollment/Change Form.

Enrollment in this plan is a **two-year commitment** with coverage in effect for both the 2005 & 2006 benefit years without the option of cancellation.

Using Your VSP Benefit

To access your benefits, you simply make an appointment with a VSP doctor, tell the doctor you are a VSP member when you set the appointment, and provide the doctor with the covered member's identification number. VSP and the doctor will handle the rest by verifying your benefits and eligibility for services.

Locating your VSP Doctor

There are two convenient ways to locate a VSP doctor near your home or office or to verify that your doctor is a VSP doctor. You can check the Web Site at www.vsp.com or call member services at 800-877-7195.

Value Added Discounts

Laser Vision Care - VSP has contracted with many of the nation's finest laser surgery facilities and doctors, offering you a discount off PRK & LASIK surgeries, available through contracted laser centers. Visit VSP's Web Site to learn more.

Contact Lenses - VSP offers valuable savings on annual supplies of certain brands of contacts. You can receive these VSP member preferred prices, even if you use your coverage for glasses. Visit the Web Site or ask your doctor for details.

Prescription Glasses - Receive 20 percent savings when you purchase non-covered pairs of prescription glasses, including prescription sunglasses from the same VSP doctor within 12 months of your last exam.

Out-Of-Network Providers

Although more than 90 percent of VSP members receive care from VSP doctors, you have the option of seeing an out-of-network provider. If you see an out-of-network provider, be aware your out-of-network benefits do not guarantee full payment. For out-of-network reimbursement, pay the entire bill when you receive services, then send your itemized receipt to VSP within six months from your date of service. Included with your receipt should be the covered member's name, phone number, address, member ID, the name of the group, the patient's name, date of birth, phone number and address, and the patient's relationship to the covered member. Send to: VSP, PO Box 997105, Sacramento, CA 95899-7105.

IMPORTANT!

Enrollment in the Vision
Plan is a **two year**
commitment effective
January 1, 2005
through
December 31, 2006.